

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	IMPROVED ORTHOTIC DEVICE																						
Application Number :																							
Date :																							
First Named Applicant:		Mr. Sven Olof Coomer																					
Attorney Docket Number:		Orthotic																					
TOTAL FEE AUTHORIZED \$ 456																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>375</td><td>375</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 375</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	375	375				Subtotal For Basic Filing Fees: \$ 375								
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EXTRA CLAIM FEES																							
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 29</td><td>9</td><td>2202</td><td>9</td><td>81</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>42</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 81</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 29	9	2202	9	81	Independent Claims : 3	0	2201	42	0				Subtotal For Extra Claims Fees: \$ 81	
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AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Credit account number:		0012																					
Expiration Date (YYYYMMDD):		2004-03-31																					
Authorized name:		Kurt Lewis																					
Billing address:		80202																					